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CONFIRMATION NO. 1816

<b>SERIAL NUMBER</b> 10/725,276	<b>FILING OR 371(c) DATE</b> 12/02/2003 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> T1530-00119
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 10/035,045 01/03/2002 which claims benefit of 60/259,227 01/03/2001 and claims benefit of 60/284,547 04/19/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 04/13/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 1
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**TITLE**  
 Functional assays that use the T1R2 taste receptor to identify potential taste modulators

<b>FILING FEE RECEIVED</b> 673	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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